

**New Jersey Department of Health and Senior Services  
LYME DISEASE CASE INVESTIGATION**

**I. PATIENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Municipality of Residence: \_\_\_\_\_  
 Telephone Number: (     ) \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex (*Check one*):  
☐ Male    ☐ Female  
 Ethnicity (*Check one*):  
☐ Hispanic  
☐ Non-Hispanic

Age: \_\_\_\_\_

**II. HEALTH DEPARTMENT**

Name of Health Department: \_\_\_\_\_  
 Name of Investigator: \_\_\_\_\_ Telephone No.: (     ) \_\_\_\_\_

**III. PERSON COMPLETING FORM**

Name: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Telephone No.: (     ) \_\_\_\_\_

**IV. TREATING PHYSICIAN**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: (     ) \_\_\_\_\_

**V. ILLNESS**

Check all that apply:                      **Date of Onset** (mm/dd/yyyy): \_\_\_\_\_

**A. Rash**

☐ Erythema migrans (Size: >5 cm)

**B. Musculoskeletal Symptoms**

☐ Arthritis characterized by brief (weeks or months) attacks of object joint swelling

**C. Neurologic Symptoms**

- ☐ Cranial neuritis
- ☐ Lymphocytic meningitis
- ☐ Radiculoneuropathy
- ☐ Encephalitis
- ☐ Bell's palsy

**D. Musculoskeletal Symptoms**

- ☐ Acute onset of high grade (2nd or 3rd degree) atrioventricular conduction defects
- ☐ Myocarditis

**VI. LAB DATA**

☐ Attached    ☐ Entered into CDRS (Case ID # \_\_\_\_\_ )    ☐ No lab data obtained

**VII. ADDITIONAL COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Note:** The surveillance definition of Lyme disease as specified by the Centers for Disease Control is : 1) Erythema migrans, or 2) at least one late manifestation of Lyme disease and laboratory confirmation of infection. Late manifestations of Lyme disease include those musculoskeletal, neurologic or cardiac symptoms as listed under Section IV, above.

**For State Use Only:**

DOR	On	Lab	EM	AB	Sx	WB	CDRS	D	C